

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 16

FILED FEB 13 1951

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>10 MONTHS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monroe City Mo</u>		6690	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>913 LING ST</u>				d. STREET ADDRESS (If rural, give location) <u>204 N. Main St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cona</u>		b. (Middle) <u>Chigler</u>		c. (Last) <u>HANDLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 4 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Sept. 14 1866</u>		9. AGE (in years last birthday) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>HANNESVILLE Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JEFFERSON D Chigler</u>		13b. MOTHER'S MAIDEN NAME <u>Rebekah J. UPTON</u>		14. NAME OF HUSBAND OR WIFE <u>William W HANDLEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Handley</u> ADDRESS <u>Kirksville Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Transition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardiac decompensation</u> DUE TO (c) <u>arteriosclerotic heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Heart</u>			
22. I hereby certify that I attended the deceased from <u>Nov 28</u> , 19 <u>50</u> , to <u>Feb 4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 3</u> , 19 <u>51</u> , and that death occurred at <u>6:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. T. Gutenschn</u> <u>D.O.</u>				23b. ADDRESS <u>Kirksville Mo</u>		23c. DATE SIGNED <u>2-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>2-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Jude's CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-4-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson & Son</u> ADDRESS <u>Monroe City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0013

Bob

MAR 12 1951

Date Received: FEB 10 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-51-345
Date Filed: FEB 12 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.